



1-16-07

18w/ Rce\$

Atty. Dkt. No. 060925-0601

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: H. Michael SHEPARD  
Title: METHODS FOR  
TREATING THERAPY-  
RESISTANT TUMORS  
Appl. No.: 10/048,033  
Filing Date: November 27, 2002  
Examiner: Crane, Lawrence E.  
Art Unit: 1623  
Confirmation  
Number: 2767

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 861 929 635 US	11 January 2007
(Express Mail Label Number)	(Date of Deposit)
Susana Salto	
(Printed Name)	
S. Salto	
(Signature)	

**REQUEST FOR CONTINUED EXAMINATION (RCE)**  
**TRANSMITTAL**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

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395.00 OP

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

Enclosed are:

☒ Amendment/Reply.☒ Information Disclosure Statement.☒ Form PTO/SB/08 with copies of 53 listed reference(s).☒ Sequence Listing.

The filing fee is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Fee Totals
RCE Fee							\$790.00	=	\$790.00
1.17(e):									
Total Claims:	15	-	43	=	0	x	\$50.00	=	\$0.00
Independents	3	-	3	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$360.00	=	\$0.00
CLAIMS FEE TOTAL:								=	\$790.00
EXTENSION FEE TOTAL									\$0.00
CLAIMS AND EXTENSION FEE TOTAL:									\$790.00
[ X ]	Small Entity Fees Apply (subtract ½ of above):								\$395.00
[ ]	Suspension of action requested under 37 C.F.R. § 1.103(c)								\$0.00
TOTAL FEE:									\$395.00

A credit card payment form in the amount of \$395.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date January 11, 2007

By



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Customer Number: 38706  
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